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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
50.00**Complete if Known**

Application Number	10/763,449
Filing Date	2004-01-23
First Named Inventor	BRUCE W. ANDERSON et al.
Examiner Name	Ramdhane, B.
Art Unit	1743
Attorney Docket No.	GP106-11.DV4

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account			Deposit Account Number: <u>07-0835</u>	Deposit Account Name: <u>Gen-Probe Incorporated</u>

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

APPLICATION TYPE	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	SMALL ENTITY Fee (\$)	Fee (\$)	SMALL ENTITY Fee (\$)	Fee (\$)	SMALL ENTITY Fee (\$)	Fee (\$)
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
32					50	25
33	- 20 = HP = 1	x 50.00 = 50.00			210	105
					370	185
Index. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
02	- 3 or HR =	x	= 0.00			

HP = highest number of total claims paid for, if greater than 20.

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature	/Charles B. Cappellari/	Registration No. (Attorney/Agent)	40,937	Telephone (858) 410-8927
Name (Print/Type)	Charles B. Cappellari			Date 2008-07-25

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (end by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.